

SERIAL NUMBER 09/000,971	FILING DATE 12/30/97	CLASS 221	GROUP ART UNIT 3615	ATTORNEY DOCKET NO. 5823
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APPLICANT  
PASCAL DEJARDIN, ESCAUT, FRANCE; VERONIQUE DEJARDIN, VALENCIENINES, FRANCE; NATALIE DEJARDIN, RAISMES, FRANCE.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED FRANCE 96/16353 12/30/96

*yes gc*

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Verified and Acknowledged <i>gc</i> Examiner's Initials _____	<input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FRX	SHEETS DRAWING 3	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
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ADDRESS  
KERKAM STOWELL KONDRACKI & CLARKE  
5203 LEESBURG PIKE  
SUITE 600  
FALLS CHURCH VA 22041

TITLE  
DISPENSER FOR GLOVES MADE OF SHEET MATERIAL

FILING FEE RECEIVED \$395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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<b>SERIAL NUMBER</b> <p style="text-align: center;">09/000,971</p>	<b>FILING DATE</b> <p style="text-align: center;">12/30/97</p>	<b>CLASS</b> <p style="text-align: center;">221</p>	<b>GROUP ART UNIT</b> <p style="text-align: center;">3615</p>	<b>ATTORNEY DOCKET NO.</b> <p style="text-align: center;">5823</p>
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APPLICANT

PASCAL DEJARDIN, ESCAUT, FRANCE; VERONIQUE DEJARDIN, VALENCIENNES, FRANCE; NATHALIE DEJARDIN, RAISMES, FRANCE.

  
  

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
VERIFIED

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**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
VERIFIED

\_\_\_\_\_

  
  
  

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
VERIFIED                  FRANCE                  96/16353                  12/30/96

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\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Initials</u> _____ <u>Initials</u> _____	<b>STATE OR COUNTRY</b> FRX	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 1
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ADDRESS

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5203 LEESBURG PIKE  
SUITE 600  
FALLS CHURCH VA 22041

TITLE

DISPENSER FOR GLOVES MADE OF SHEET MATERIAL

<b>FILING FEE RECEIVED</b>  <p style="text-align: center;">\$395</p>	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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